|  |  |  |
| --- | --- | --- |
|  |  | Return this form:FAX: 1-888-263-8611office@pathwaysacademy.caBox 10096 RPO HART Prince George, B.C. V2K 5Y1  |

# Re-enrollment Form

## Family Information

|  |  |
| --- | --- |
| Father’s Name: |  |
|  | First Last MI |
| Mother’s Name:  |  |
|  | First Last MI |
| Other Legal Guardian:  |  |
|  | First Last MI |

|  |  |
| --- | --- |
| Would you like to talk to our Administrative team about teacher/family fit? ( Yes / No )  |  |

**FSA Participation**: Students enrolled in grade 4 or 7 are required by the Ministry of Education to participate in the Foundational Skills Assessment (FSA). Grade 4 or 7 students not participating in the FSA can be registered as homeschoolers, but cannot be enrolled in the DL program.

Will any of your children enter grade 4 or 7? ( Yes / No )

Will your children participate in the FSA? ( Yes / No )

## Children Enrolling

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  |  Child’s Name:  |  |
| Child’s Name: |  | Child’s Name:  |  |
| Child’s Name: |  | Child’s Name:  |  |

## Our Weekly Contact Agreement

As outlined in the Handbook, we agree to:

1. Collaborate with our teacher to develop each of my children’s learning plans.
2. Participate in continuous assessment throughout the learning year by committing to a minimum of 32 meaningful weekly contacts (email, skype, voice messaging, phone, direct interaction, etc.).
3. Provide adequate learning observations and work samples.
4. Inform our teacher whenever we will be away from our studies for more than 1 week (holiday, sickness, accident, etc.).
5. Participate in three in-depth formal assessments/interviews.

We understand that if there is an unexplained lapse in weekly contact for two weeks, an administrator will contact us, and the resource funds allocated may be frozen. After contact resumes for three weeks, the funding, if frozen, will once again be available on our behalf.

My signature below indicates that we are in full agreement and intend to comply with the statements above.

|  |  |  |
| --- | --- | --- |
| Signature:  |  |  |
|  |  (If you prefer to sign electronically, type your full name above.) | Date |

# Re-enrollment Form Page 2

## Has this information changed? If so please note in this section

|  |  |
| --- | --- |
|  |  |
| E-mail address: |  |
|  |  |
| Home Address or B.C. Residency:  |  |
|  |  |
| Health Concerns: |  |
|  |  |
| Emergency Contact: |  |
|  |  |
| Child Custody Arrangements  |  |

## Privacy Policy

We seek to uphold standards set out by the Personal Information Privacy Act of 2004 (PIPA). Pathways Academy asks for your permission and consent in collecting personal information needed for registration. This includes copies of birth certificate, legal guardianship and court orders if applicable, behavioral, academic, and health information, most recent report card, and other similar information. PA uses personal information as follows:

* To communicate with parents and students, make an informed decision as to your child’s suitability and appropriate placement in the school, process applications and ultimately to provide students with the educational services and co-curricular programs you expect.
* To enable the school to operate its administrative function.
* Health, psychological, or legal information to provide certain specialized services in those areas or as adjunct information in delivering educational services.
* When required by law: The type of information the school is legally required to disclose most often relates to family court issues, legal proceedings, court orders and tax reporting requirements. Student information will be submitted to the Ministry of Education as required to establish eligibility for student funding and to maintain student records. Only the information specifically requested is disclosed and the school takes precautions to satisfy itself that the authorities making the request have legitimate grounds to do so.
* When permitted by law: The school is legally permitted to disclose some personal information in situations such as an investigation of illegal activities, reasonable methods to collect overdue accounts, a medical emergency or suspicion of illegal activities, etc. Only pertinent information is disclosed.
* To request student educational records.

If, for any reason, personal information is required to fulfill another purpose, the school will, where appropriate, notify you and ask you for your consent before the school proceeds. The school does not sell, lease or trade information about you to other parties. The school will securely store all digital and hard copies of parent and student personal information. For more information, the privacy officer for PA is Mr. Ron Ammundsen, and he may be reached at ron.ammundsen@pathwaysacademy.ca.

I/We consent to the collection, use and disclosure of such personal information for the above uses. All of the information I provide will be current and accurate.

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | Print Name | Date |
| Signature:  |  |  |
|  | (If you prefer to sign electronically, type your full name above.) | Date |